



**The National Centre
for Post-Qualifying
Social Work and
Professional Practice**

Pathways to Recruitment

Perceptions of employment in the Health and Social Care Sector

Commissioned by the Borough of Poole and Better Together.

The National Centre for Post-Qualifying Social Work and Professional Practice

Director: Professor Keith Brown

Research Team:

**Dr Lee-Ann Fenge
Emily Rosenorn-Lanng
Sarah Wincewicz**

Foreword



Welcome to one of the research publications or reports from The National Centre for Post-Qualifying Social Work and The Centre for Leadership, Impact and Management at Bournemouth.

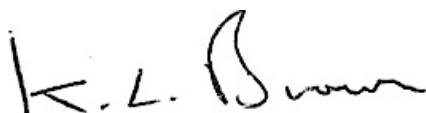
We are passionately committed to working within the Health and Social Care sector to promote the best possible professional practice and to help explore and find new ways of working within the field.

We strive to be as open as possible with our ideas and findings and we welcome any feedback on our publications or reports – We too want to strive to offer an excellent service.

You will find details of our other publications and research reports on our websites (www.ncpqsw.com and www.buclimb.com) plus details of our C.P.D courses which are endorsed by the College of Social Work. Please do take a moment to look at these sites, together with partners like yourself we want to make a real and profound difference to the lives of vulnerable citizens in our society.

If you would like to discuss any aspect of this publication or report with myself or a member of the team, or you would like to discuss an aspect of Health or Social Care provision with us, please do not hesitate to contact us.

Professor Keith Brown,



Director for The Centre for Post-Qualifying Social Work and Professional Practice and
The Centre for Leadership, Impact and Management in Bournemouth.

The National Centre for Post-Qualifying Social Work and Professional Practice

Bournemouth University
4th Floor, Royal London House
Christchurch Road
Bournemouth
Dorset
BH1 3LT UK

+44(0)1202 964765
+44(0)1202 962025
pqsw@bournemouth.ac.uk
www.ncpqsw.com
[@researchpqsw](https://twitter.com/researchpqsw)

Executive Summary

1. This report provides the findings of an evaluation into the perceptions of the Health and Social Care sector from a variety of key informants who are currently employed in the care sector or who have may have potential for future employment in the care sector. The learning from this evaluation will help to inform the Borough of Poole (BoP) on its future workforce development needs related to this sector.
2. It is recognised that nationally there are challenges in the recruitment and retention of the social care workforce. There are a number of contextual reasons which contribute to this issue including:
 - Demographic changes and increased life expectancy resulting in increased demand for intensive home care (ONS,2011; UKHCA, 2012a; Lewis and West 2014).
 - The projected retirement of existing staff (Tamkin and Behling, 2012).
 - Issues related to low pay and low status which act as disincentives for employment in the care sector (Skills for Care, 2011a).
 - Low wage levels (usually around the National Minimum Wage or just above) and uncertain pay which make low skilled social care roles unattractive for those moving off benefits (Green et al. 2014).
 - Negative employer views about the suitability of recruiting young people into care roles (Green et al. 2014).
 - The impact of the marketisation of care and shift in provision away from that provided directly by local authorities to a wider mixed market of care (Skills for Care 2011). The independent/private sector is now the dominant provider of home-care and care home provision (Eborall et al., 2010; UKHCA, 2012b).
 - Both the health and social care sector have experienced challenges as a result of the recent economic climate, austerity measures and retrenchment in public services (Prabhakar, 2010). The private sector has faced greater financial uncertainty during this time whilst facing increased demand for provision from commissioners of social care (UKHCA, 2012b). This has implications for the pay/pensions of those employed in the sector, particularly in terms of zero hours contracts and lack of paid travel expenses which act as a further disincentive for the workforce.
3. This evaluation aims to develop greater understanding of the incentives and barriers to the recruitment and retention of the care sector workforce now and in the future. The evaluation uses a longitudinal concurrent mixed methodology comprising of quantitative and qualitative data sourced via an online questionnaire, focus groups with key informants, and quantitative data sets.
4. The experience of local authority (LA) employers and staff contrasted greatly with the experience of private sector staff and employers in this study. Incentives to work within LA provision include; entitlements to annual leave, training within work hours, stable hours of employment, and paid sick leave. Employment in public sector care roles is often perceived as a 'stepping stone' to a career in a statutory health or social care role. Despite this there were some concerns expressed by LA employers about the lack of success of placement/apprentice routes into employment. This is linked to lack of clarity as to the demands of the care role and

the lack of preparedness and/or commitment/reliability of young people entering via these routes.

5. Care sector employers/employees report a range of factors which negatively impact upon staff recruitment and retention:
 - The financial viability of private sector provision is compromised by lower levels of payment received for placements, as compared to public sector provision, and this in turn is reflected in the lower levels of financial remuneration available to care staff. In turn this exerts an influence on the private sectors ability to recruit a good standard of qualified staff and to pay them appropriately to retain their skill set within a competitive market.
 - Increasing demands placed on workers due to the growing complexity of service users' needs and increased regulation. This results in increased requirements for mandatory training/qualifications and recording, and can be a disincentive for some seeking care sector employment. This can also lead to attrition from the current workforce as some workers feel unable to cope with training/recording requirements now required.
 - Delays between recruitment and entry into care practice due to the time required to obtain CRB/DBS, and training/induction periods.
 - Lack of flexibility in contracts offered. Historically care work offered flexible employment. However, a combination of increased training demands, the complexity of service user needs, transport issues linked to domiciliary care and unsociable hours, can prohibit individuals from undertaking a more flexible role in the sector which fits around their other commitments.
 - The most significant barrier highlighted by employers and employees is the perceived vulnerability of staff and culpability should an unexpected event occur linked to risk and safeguarding. Staff are anxious about the culture of increasing regulation and review within the sector which has resulted in increased recording requirements, particularly where English is a second language. Care staff can feel vulnerable to allegations made by residents/clients. In the event of an allegation being made against a staff member this person is suspended immediately pending an investigation. This can have financial implications for both the employer and employee.
 - Negative media representations of the care sector are perceived as a further barrier to those seeking employment, particularly with regards to the low status given to it.
 - Appealing to the right pool of potential workers is perceived as difficult. Although activities such as Care Ambassadors, apprenticeships and NVQs in Health and Social Care are often targeted at young people, young people themselves appear unconvinced about the viability of a career in care. Alongside this is a perception that younger workers are often less reliable. In general it appears that the current workforce is ill-informed about potential progression routes in the care sector, and it is likely that those outside the workforce have even less information about care roles and career options.
 - The potential of recruiting migrant workers into the care sector is limited in the conurbation due to the cost of accommodation. Employers report difficulties in retaining migrant workers who prefer to relocate to other areas such as Southampton or Portsmouth where the rates of pay are similar but the cost of living is lower.

6. Young people sampled in this evaluation appear reluctant to consider careers in this sector. This is worrying as the sector has an ageing workforce (CfWI, 2012) and increased recruitment is required due to the projected retirement of existing staff (Tamkin and Behling, 2012). Therefore work needs to be undertaken to portray the sector more positively to young people, and to clearly link in qualification/entry routes and career progression pathways. It is therefore important to consider:
- Apprenticeships which clearly map on to structured career progression pathways to improve the attractiveness of social care as a career (CfWI, 2012).
 - National guidance and qualification routes such as Certificate of Fundamental Care recommended by the Cavendish Review (2013).
 - Clearer progression pathways within health and social care such as the development of a new bridging programme into pre-registration nursing and other health degrees.
7. As part of the above, there is a need for improved information, advice and guidance for teachers about the range of career opportunities offered by social care employment. Negative media representations, poor pay and lack of clarity about career progression in the sector acts to negatively influence them in terms of promoting social care careers. More needs to be done to inform teachers and colleges about the potential of social care employment.
8. Another potential pool of future recruits into social care work is those currently seeking employment. Surprisingly this evaluation highlighted that those attending Job Centre Plus (JCP) gained information about care sector employment through the Internet and personal experience rather than directly through JCP advisors. This suggests that JCP advisors may not be informing claimants about social care opportunities despite reporting being well informed about the opportunities in the sector. Due to the small sample size in this evaluation, further work needs to be undertaken with JCP staff to explore how social care as an area of potential employment can be promoted more actively with claimants.

Some of the issues identified in the evaluation need to be tackled nationally, including raising the status of the sector through clear qualification requirements, career progression pathways, and pay levels. This links to the recommendations within the Cavendish Review (2013) for a Certificate in Fundamental Care which would provide a base qualification for the sector in terms of the knowledge and skills required for the provision of compassionate and personalised care. Such a development would also support employers to meet the requirements of the Care Act (2014) in terms of supporting staff to promote the wellbeing of service users in a context of increased personalisation of integrated care (Better Together Dorset, 2014).

Locally more can be done to develop partnerships between employers, schools, colleges, JCP and employment agencies to develop creative ways of engaging the potential workforce of tomorrow. This not only involves developing improved information and advice for teachers, JCP personnel and other key contacts, but a need to build aspiration about the benefits of social care employment. A key motivating feature in the feedback across all sample groups was the positive aspect of 'helping and supporting others'. This element could be developed and stressed more in terms of an employment route which is underpinned by key values of 'humanised' care and the ability to make a

difference in other peoples' lives. Developing narratives around these positive aspects of social care employment may go some way to counteract the negative media portrayal of the sector.

Areas for action include:

- **Learning from the public sector:** In terms of incentives to staff including entitlements to annual leave, training within work hours, stable hours of employment, and paid sick leave.
- **Opportunities for training and qualifications:** Enhancing career progression may act as an incentive for some to see social care as a career route rather than just a job. For example The Certificate of Fundamental Care (Cavendish, 2013: 55).
- **Career pathways for apprenticeships:** Apprenticeships which clearly map on to structured career progression pathways may improve the attractiveness of social care as a career (CfWI, 2012).
- **Positive media reporting:** This could be linked to the positive influences which attract people into social care work including include perceptions about helping/supporting people, the development of transferable skills and the opportunity to work in a team environment. Developing narratives around these positive aspects of social care employment may go some way to counteract the negative media portrayal of the sector.
- **Developing remuneration which reflects the complexity of care work.** Poor pay is recognised as a disincentive to employment in the care sector, and national action needs to be taken to ensure that pay levels reflect the knowledge and skills required for the increasing complexity of care roles.
- **Opportunities offered by integrated working to develop new roles with clearer progression pathways.** Current policy changes heralded by the Care Act (2014) and increased personalisation through integrated care (Better Together Dorset, 2014) offer an exciting opportunity to explore the types of care roles needed now and into the future.

Contents

Executive Summary	i
Introduction.....	1
Aim	1
Background	2
The National Centre for Post-Qualifying Social Work.....	5
Methodology.....	6
Project Overview	6
Baseline Questionnaire	6
Focus Group Design and Questions	7
Recruitment:	7
Methodological development:	7
Schools (Students and Teachers):	7
Job Centre Plus (JCP) Claimants and Adult Social Care Course Attendees:	7
Additional Short Questionnaire:	7
The Health and Social Care Employment landscape.....	8
The Public Sector.....	8
The Non-public Sector Landscape.....	10
Funding	12
The role of a carer	13
Recruitment and perceptions of the sector.....	17
Negative perceptions of care work.....	17
Care role is not appealing to the right populations	18
Migrant labour	20
The cost of living	20
Recording of care	21
Continuity of care:	22
Self-funders and direct payments:.....	22
Recruitment Pathways.....	23
Job Fair / Recruitment Events	24
Schools (Teachers and Students)	27
Students	30
Adult Social Care Course	34
Job Centre Plus Advisors and Job Centre Claimants	36
Discussion	38
Conclusions.....	43
References	44
Appendix 1: Health and Social Care Perceptions Questionnaire.....	46

Introduction

Aim

The National Centre for Post-Qualifying Social Work at Bournemouth University were commissioned by Better Together and the Borough of Poole to consider the following:

- Perceptions of the Health and Social Care sector
- Identification of potential barriers to undertaking employment in the sector
- Pathways to recruitment to support the growing need for staff within the sector.

This is the second stage of reporting on this project. This stage will seek to contextualise the qualitative and quantitative data presented in the earlier interim report.

Background

Nationally the care sector is an important source of employment for about 2 million people (Hussein, 2011), and it represents one of the fastest growing parts of the UK economy (Hussein and Manthorpe, 2014). The care sector is anticipated to grow at a substantial rate over the next 20 years in response to demographic changes, which include predictions that the population aged over 65 will increase significantly to 157%, this a 57% increase on top of the current over 65 population (ONS, 2012). This prediction, coupled with the marked increase in dementia diagnosis (Alzheimers Society, 2014) and increased life expectancy (ONS, 2011) implies that a substantially larger workforce will be required to meet the needs of the future ageing population. As a result it is likely that the numbers being employed in the social care workforce could increase from the current to 2.6 million in 2025 (Skills for Care 2010). Increased recruitment into the social care workforce is also required due to the projected retirement of existing staff (Tamkin and Behling, 2012). However, making future projections about workforce development can be challenging in light of the fluid context of ageing, changes in health and disease prevalence, and the impact of lifestyles on wellbeing (CfWI, 2013).

It is recognised that there are challenges in the recruitment and retention of the social care workforce and in part this is due to the nature of care work, negative images about care work, and issues related to pay and working conditions. The nature of those requiring care is becoming more complex and often encompasses health and social care functions (Shield et al. 2006). For example it is estimated that between 2005 and 2010 there was a 24 per cent increase in people requiring intensive home care (UKHCA, 2012a; Lewis and West 2014). Problems of recruitment and retention have implications for attempts to improve the skills and status of the social care workforce (Eborall, 2005). The need to improve the recruitment and retention of social care staff in terms of negative images about care work is highlighted by Skills for Care (2011a) and can be tackled by:

- Improving public awareness
- Better explaining social care
- Selling how worthwhile and rewarding a career in social care is
- Selling the longevity of a career in care
- Promoting the career opportunities available in social care
- Affirming the professionalism of careers in social care (Skills for Care 2011a:6)

It is important to note that there are subtle differences in the experience of recruitment and retention across the sector, and recent research suggests that domiciliary care agencies face greater challenges compared to care homes (Hussein, Ismail and Manthorpe, 2015).

Historically the care sector has always had low pay levels and this exerts an impact on the recruitment and retention of staff. Low wage levels (usually around the National Minimum Wage or just above) and uncertain pay makes low skilled social care roles unattractive for those moving off benefits (Green et al. 2014). Such low paid roles have traditionally been an entry point for migrant workers into the labour market in the UK. Employers are often keen to employ migrant workers as they often have social care qualifications gained outside the UK but are paid at 'unqualified rates' (Green et al. 2014:v). Some employers do not comply with the minimum wage due to unpaid training time or unpaid travelling time between appointments (HMRC, 2013). Poor pay and work

conditions lead to high staff turnover and this has a direct impact on the quality of care received and the continuity of care offered (Lewis and West, 2014). Pay levels are 'affected by constraints on state funding of those eligible for publicly funded care and the limited abilities of many older people to pay higher fees to fund their own care' (Hussein and Manthorpe, 2014: 22). This proves challenging to employers who are seeking to recruit staff in a competitive market. This may also have implications for other routes into care sector employment such as apprenticeships, and evidence from UK research suggests that young people may avoid employment/apprenticeships in social care in favour of more 'attractive' options within the retail sector (Green et al. 2014). Research, conducted in the Midlands, suggests employment of young people in social care is more uncommon than in the retail sector. Alongside the negative image of social care work and pay for young people, some employers are unconvinced about the suitability of young people for care roles (Green et al. 2014), and this may influence their attempts to attract and recruit a younger workforce. However it is important to support younger people to consider careers in social care as the sector tends to have an ageing workforce (CfWI, 2012). To support apprenticeship routes to social care employment there is a need for more structured career pathways to improve the attractiveness of the sector to school leavers (CfWI, 2012).

In recent years the nature of the care sector has changed and there has been a shift in provision away from that provided directly by local authorities to a wider mixed market of care. The independent/private sector has now become the dominant provider of home-care services delivering 81% of care by 2011 (UKHCA, 2012b). This focus on independent/private sector provision is mirrored within the care home sector with 92 per cent of provision in the independent sector by 2009 (Eborall et al., 2010).

The impact of the marketisation of care is noted by the Skills for Care (2011) workforce development strategy which highlights the tensions in developing a workforce strategy which supports business sustainability (Skills for Care 2011). The shift away from local authority provision to a largely private independent sector has implications for the pay/pensions of those now employed in the sector, particularly in terms of zero hours contracts and lack of paid travel expenses which act as a disincentive for the workforce. It also has an impact on the 'quality' of care that service users experience, due to shortened visits and the need for carers to move swiftly between visits. This results in carers having to rush their time with service users resulting in a loss of 'the all important "meet and greet" and chat to establish if there are any problems' (UNISON, 2012: 6). On the whole, time to care, which is an essential part of the caring relationship, tends not to be costed within commissioning models (Lewis and West, 2014), and as a result it is not part of the equation when working out time and costs involved in supporting service users in their own homes. This may become an important consideration in the future as a key focus of the Care Act (2014) is the responsibility to promote the wellbeing of service users, and this is equally important for those commissioning and providing services.

The Care Act (2014) has clearly placed a responsibility on local authorities to promote 'a responsive, diverse and sustainable market of service providers that can provide high quality, personalised care and support that best meets the needs of people, regardless of who pays for care' (LGA/ADASS, 2014:11). It is therefore important that workforce planning decisions are mindful of such policy changes, and are aligned with developments which herald new ways of working such as increased personalisation and a move towards integrated care (Better Together Dorset, 2014). These changes

mean that in future social care workers need a breadth of knowledge, skills and flexibility to support those with complex needs in an increasingly regulated environment, and as a result will require improved training (Cavendish, 2013).

In order to gain a better understanding on where and how this workforce can be recruited, a better understanding of the current employment landscape is required. To this end, this study has sought to gain a better understanding of the experience of employers and employees in the care sector, looking at what motivates them to work in the sector, the barriers and issues they face as care workers and the experience of recruiting new staff. In terms of the local context in the Poole conurbation there is a requirement to look more closely at the potential recruitment pools that are available. This includes an assessment not only of the present viability of these as recruitment streams, but also consideration of how this viability can be positively influenced to create on-going and fruitful pathways into employment from within the local population.

This report provides the findings of an evaluation into the perceptions of the Health and Social Care sector in Poole from a variety of key informants who are currently employed in the care sector or may have potential for future employment in the care sector. The learning from this evaluation will help to inform the Borough of Poole (BoP) on its future workforce development needs related to the care sector. The evaluation aims to develop greater understanding of the incentives and barriers to the recruitment and retention of a care sector workforce now and in the future.

The National Centre for Post-Qualifying Social Work

The National Centre for Post Qualifying Social Work (NCPQSW) is based within the Faculty of Health and Social Science at Bournemouth University. The Centre has a national reputation for delivering high quality research and education and has an established track record in learning and development. The Centre is supported by an experienced team of lecturers who have professional backgrounds in health, social care, or public service management.

As employer engagement and consultation is a key element of our activity we are ideally placed to customise and design bespoke programmes and research that not only meet strategic objectives, but also consider local and organisational realities.

NCPQSW runs an independent and expert research team who are able to provide bespoke and tailored programmes of evaluation to meet local and unique requirements, providing skilled expertise with a guaranteed or equivalent kite mark in terms of quality assurance. We ensure that ethical considerations are discharged correctly via the University research governance process; that the tools used will appropriately measure what they need to measure; and that the data analysis, interpretation, and presentation is suitable and will withstand scrutiny. We are committed to work in an inclusive way with key stakeholders and users of services to provide research and evaluations, which includes seldom heard voices.

The Research Team provides a full range of qualitative and quantitative services, delivering high quality research and consultancy to our clients. We have a proven track record of undertaking bespoke evaluations of programmes, training, the implementation of new models of practice and assessing the effectiveness of pilots with a particular focus on impact and validity.

Methodology

To obtain a robust evidence base a case study using mixed methodology (Creswell, 2009, Whittaker, 2012) has been used to examine the evidence within this evaluation. This includes consideration of a range of in-depth data including online and paper based questionnaires and focus groups.

Project Overview

- To identify the barriers and motivators of undertaking a role within the care sector
- To gain a measure of the current perceptions of the sector from unique groups
- To gain insight into how the population may be better informed about the sector to encourage engagement
- To understand the challenges faced by employers in recruiting and retaining quality individuals.

Baseline Questionnaire

Questionnaire design - To support in the design and implementation of the required measures to obtain the relevant outcome variables, a bespoke online questionnaire was developed in consultation with the Borough of Poole.

The questionnaire design process allowed the design to be assessed for validity and applicability against the clients' project aims, particularly in respect to the intended analysis of the data. For additional quality assurance, a top-level breakdown of the intended analysis and areas of focus allowed the evaluation of materials to ensure that outcome measures can be effectively gathered. Questionnaires were made available in a dual format to allow the maximum population coverage. Online Questionnaires were designed to be user friendly and will be presented in a font which is sensitive to the population.

Questionnaire Specifications

- This questionnaire sought to gain a measure of the key outcome variables identified at the project set up stage.
- Online Format - The online format will be designed to be anonymous to ensure respondent confidentiality, Bournemouth University will act as the data controller throughout the period of the project. Data handling will be undertaken and governed by the regulations of the data protection act.
- No direct contact was made by NCPQSW to respondents without prior consent being obtained.

The questionnaire was distributed to the following sample groups:

- HSC Employers (6 respondents)
- HSC Employees (1 respondent)
- JCP Advisors (3 respondents)
- JCP Claimants (1 respondent)
- Adult Social Care Course (14 respondents)
- Teachers (15 respondents)
- Students (14 respondents)
- Job Fair Attendees (88 respondents)

Focus Group Design and Questions

To allow a deeper understanding of the challenges and perceptions within the sector, two focus groups were undertaken. These were undertaken with a sample of the following populations:

- HSC Employers – 4 participants
- HSC Employees – 4 participants

The focus groups map across to the main outcomes reflected in the questionnaire, and covered the following areas:

- Current personal perceptions of the Health and Social Care Sector
- Motivators to working in the sector
- Barriers to working in the sector
- Issues with recruitment/finding employment in the sector
- Staff retention and job security
- The media and perceptions of the sector
- Addressing issues and moving forward.

Recruitment: Responsibility for the distribution and completion of questionnaires was held by The Borough of Poole.

Methodological development:

Schools (Students and Teachers): Initially the intention was to gain an overview of the attitudes and perspective of the Health and Social Care sector from respondents before and/or after the i-care ambassador intervention. However, due to logistical issues these interventions have not been possible within the time frame required by the commissioning bodies and therefore this population have been approached separately from the i-care ambassador scheme.

Job Centre Plus (JCP) Claimants and Adult Social Care Course Attendees: An additional questionnaire has been added to the initial design of the project to access JCP claimants who are not undertaking the Adult Social Care Course at Bournemouth and Poole College. After consideration it became apparent that these two populations cannot be assumed to be the same and may contain unique characteristics and therefore are considered separately.

Additional Short Questionnaire: To bolster response rates an additional shortened version of the questionnaire was designed and distributed covering the overarching themes of the project. The Borough of Poole distributed this questionnaire at a number of events centred around the Health and Social Care sector and more general employment related events.

The Health and Social Care Employment landscape

In order to accurately consider the landscape it is important to separate the two sectors (public sector and non-public sector) within health and social care provision. Although both sectors face a variety of common issues there is a marked difference in the experience of recruitment between the private and public sector and the economic conditions that both are operating within. There has been a noticeable change in both sectors due to the current economic climate which has been punctuated by austerity measures and a period of retrenchment in which services have been cut (Prabhakar, 2010). However it is noted that the private sector has faced greater financial uncertainty at the same time as increased reliance and demand for provision from commissioners of social care (UKHCA, 2012b). In the private sector these financial challenges are ultimately passed down to employees through the use of zero hours contracts, low pay, and unpaid travel expenses between client visits (UNISON, 2012).

The Public Sector

Focus groups were undertaken with both employees and managers within the Local Authority Day Care provision to get an accurate representation of the experience of undertaking the role as well as the experience of recruiting new staff members. It was clear that both of these aspects contrasted greatly with the experience of private sector staff and employers. The provision of annual leave, training within work hours, the stability of the hours offered within a day service and paid sick leave lead to a high level of staff retention and ease when recruiting new team members. It is important to note that these advantages are no more than any other member of public sector staff may expect from their employers but when considering them within the context of the sector are significant motivators for undertaking care roles.

“We don’t have problems recruiting at the Day Centre. I don’t know if that’s because it’s a day centre and they are not expected to work over 24-hour periods but then we don’t have a high staff turnover. We are open 7 days a week. But unless we have an emergency situation, the staff are generally done by 5. A carer’s perfect job. If I were to put an advert out today I’d probably get 30-40 applicants. Some who would quite likely be from residential care but we do get those proportionately who want a 16 hour week to fit in with childcare etc.”

Day Centre Manager

Recruitment was not seen as an issue to the public sector managers as the role was often seen as a ‘stepping stone’ to a career in a statutory role within the Health and Social Care sector. It was however, reflected that the placement/apprentice route had not proved as successful as it could potentially be. This was primarily due to either a lack of clarity as to the demands of the care role or the negative effect this can have on staff when candidates undertaking the role fail to be pro-active/reliable, increasing the workload of an increasingly stretched staff base.

“I end student placements. We used to accept people who couldn’t get a different placement because it would still give them skills and knowledge in the work place. If they come and are not proactive then I have ended placements because it has such an impact on staff.”

Day Centre Manager

However, the public sector faces its own challenges when it comes to providing care in the current financial climate, the complexity of the care required has significantly increased in line with increasing eligibility criteria and requirements linked to recording, training and quality assurance. These changes represent increased demands on employees, and in the present economic climate it is unviable to significantly increase the financial provision afforded to the service.

“I can remember years ago we would all arrive and sit together and it’d be like an update but not recorded. That doesn’t happen anymore, you arrive and you are running from the time you arrive to the time that you go. The number of occasions where you’re still trying to catch up with stuff at the end of the day and that’s across all the roles. And I think because the level of need has increased the number of incidents, emergency alarms have increased. Previously we would have had the office staff meet and greet and answer phones, we now have to turn that over to the care staff, due to increased work.

All our staff have training in Dementia care, and managing challenging behavior whereas before that wasn’t the case and that’s to deal with some of the more complex needs around dementia. People think elderly care is a generation; we have got people from 68-104, 2 or 3 generations of people all with different needs.”

Day Centre Manager

The Non-public Sector Landscape

The National Audit Office (2014) estimates that 87% of adults live in local authorities that set their eligibility threshold to meet only substantial or critical needs. This means that the complexity of care being commissioned is increasing and in part this is due to adults living longer with complex long-term health conditions and disabilities. There is a greater reliance on private and voluntary sectors to deliver this care (Eborall et al., 2010; UKHCA, 2012b) although employers report difficulties in meeting this demand. Below are the primary issues identified by employers, this will be explored in more detail in the following section. Private sector employers reflected challenges to their roles and

Publicly funded care makes up only a minority of the total value of care, and this proportion is decreasing. Most care and support is provided unpaid by family, friends and neighbours (informal care), while many adults pay for some or all of their formal care services. Local authorities provide a range of universal and preventative services, many of which are available without assessment of need. Local authorities typically only pay for individual packages of care for adults assessed as having high needs and limited means. They commission most care from the private and voluntary sectors, with home care and care homes the most common services.

Adult social care in England: overview. The National Audit Office, 2014.

expressed significant concerns about the financial viability of delivering care under current market conditions. Some of these issues can be addressed to some extent on a local level, however many of the issues exist on a national level and therefore would require a national shift for a positive change to be possible. The struggles and issues reflected can not be seen as criticisms of the local structure in isolation but a reflection of the funding tensions that are apparent throughout the sector.

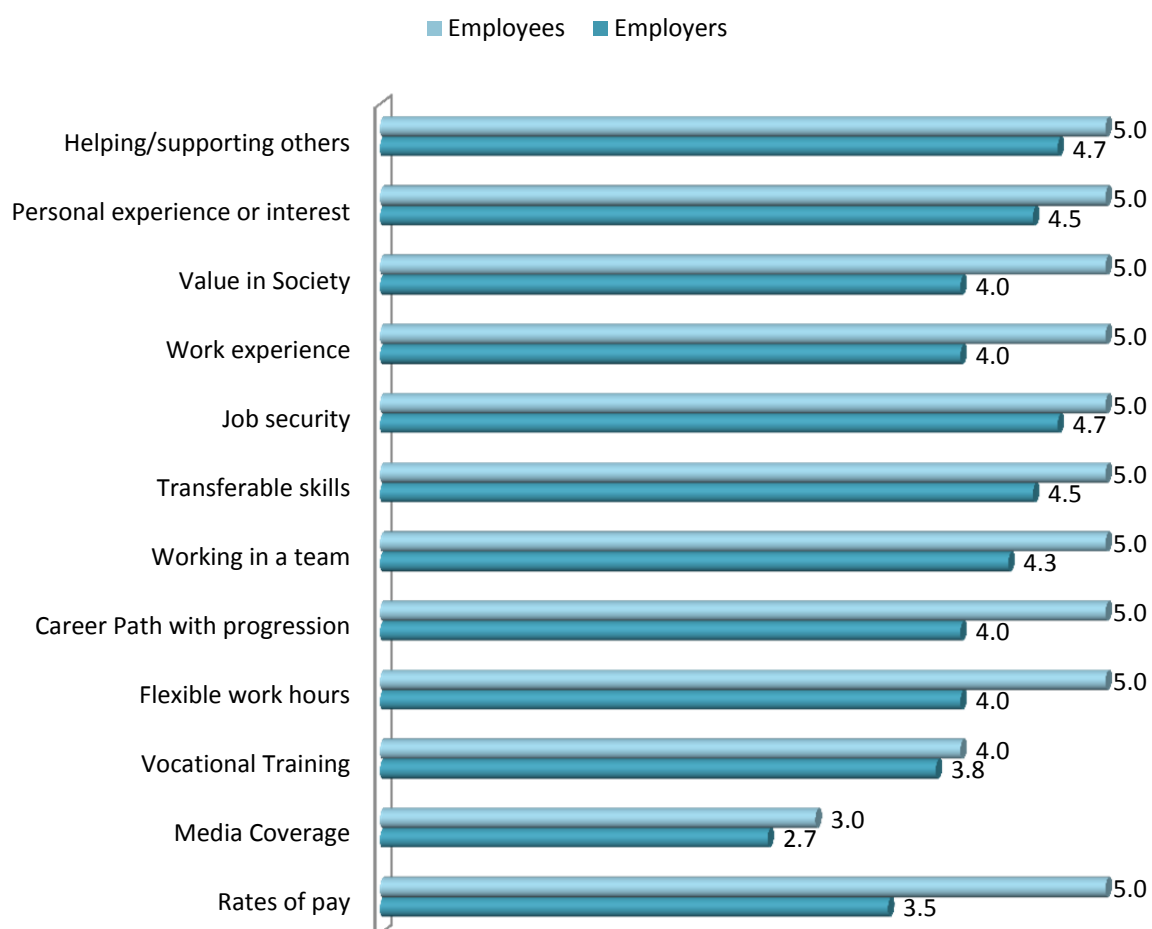
- **Funding Implications**
- **Entry requirements into care roles**
- **The role and duties of a carer**
- **Implications and responsibilities of the care role**
- **Perceptions of care work**
- **Care role is not appealing to the right populations**

There is broad agreement on influences between employers and employees on working in social care. This is particularly notable on the highest rated influence (helping/supporting others) and in job security.

There is some disagreement between employers and employees on the influence of rates of pay where employees consider there to be a more positive influence than employers. Employers also potentially underrated the positive influence of 'value in society', 'work experience', 'career path with progression' and 'flexible work hours', though not to the same extent. However, the sample size for employees is very small and further data is required before any robust conclusions can be drawn.

Media coverage, though considered inaccurate because it focuses on negative stories, was seen as the least positive motivator by employers and employees alike. Employers went as far as to consider it a negative influence.

Influences - Average Ratings HSC Employers and Employees



Funding

The most contentious issue for private sector employers was the funding of beds and placements by local authorities. Private sector employers reported that they were not receiving the same level of payment for placements as the comparative provision would receive within the public sector. This has a negative impact on the overall financial viability of the provision and as a result what private sector employers are able to offer their staff in remuneration for undertaking the role.

“We are a caring establishment but we are a business. Even for the councils, they pay their own homes more than they pay the private sector because they can't run their homes as cheap as they expect us to be able to. They work out that we should be able to provide care at this rate, based on the cost of this and that etc, so why are they paying their homes £200 a week more. Apparently their homes cost much more to run.”

Private Sector Manager

Employers reflected on the interaction between regulators and local authorities and the relationship between the two when local authorities look to place service users. There was some suggestion that local authorities may take advantage of negative inspections or reports to further decrease the cost of the placement to the local authority. This will not decrease the cost of the placement for the provider and may therefore result in potential multiple losses. It may also have a negative impact on 'self funders' who will not wish to enter a home that has poor ratings. It was suggested by participants that decreases in budgets, and pressures from commissioners to be more cost effective when commissioning services can have an impact on the financial viability of some private sector homes. Employers estimate that care and nursing homes are closing at a rate of approximately 4 or 5 a year in the local area, due to lack of financial viability and the withdrawal of support from the financial sector.

“It is a vicious circle because if you do take on the wrong calibre of staff or you don't take staff on then you get a safeguarding problem and they come down on you like a tonne of bricks and you can get a block or caution so can't take on new clients, then you get vacancies, you then don't have the money and you can't afford to bring in new people. Then that home....will have 20 vacancies, the authority will call and say we have a lady and we'll give you £520 do you want it or not. The home doesn't say well it will actually cost us £650, they say go on then we'll take it, so then they're losing money, before they know it, the home is full of £520 residents and they're running at a loss. A vicious circle.”

Private Sector Manager

These funding issues are not limited to the financial viability of the nursing or care home themselves but also the ability to recruit a good standard of qualified staff and to pay them appropriately to retain their skill set. This also applied to domiciliary staff, where employers reflected a desire to be able to pay travel time and associated costs but reported this not to be financially viable due to the current level of contribution from commissioners of services. It is important to note that the Care Act (2014) suggests that local authorities must have regard to the sustainability of the market as a

whole including, for example, taking care not to set fee levels below an amount which is not sustainable for providers in the long-term (LGA/ADASS, 2014). In future this may become increasingly important in terms of ensuring a diverse range of services to meet the needs of the local population.

The role of a carer

Employers from within both the private and public sectors reflected on the changing nature of the role of a care worker. In this section, we will look at three separate areas which may exert a negative effect on staff recruitment and retention within the sector.

The duties of a carer

Employees and employers, within both the private and public sectors, discussed how the demands on care staff have increased significantly in the last 20 years. This is not solely concerned with the increase in the complexity of the needs of service users and limited funding but also an increase in the standards required by regulators and the associated case recording. Public sector employers reported that they had lost long-term staff solely because of this increase in bureaucracy and paperwork which has changed the nature of the care role.

“Our staff come in to care for a variety of reasons; some of them because they want a career in care, a lot of them because they need to work and don’t have the academic qualifications that would allow them to do a lot different. But we are expecting them to be able to complete diplomas to record adequately because that’s the biggest thing for our home and my organisation. Recording is the thing that trips us up every time, but we’re paying them not enough money for them to have the motivation to attain what we want them to do.”

Private Sector Manager

The tightening of regulation and increased requirements for staff is a positive improvement in terms of safeguarding service users, providing a greater focus on the quality of care to protect the most vulnerable members of society. However these changes have created extra pressure on staff and organisations. Employers reported that although they acknowledge they required their staff to work both more efficiently and achieve a higher level of academic attainment than previously required, they were not in a position to pay their staff accordingly. Managers described this as an uncomfortable position as they would like to be able to financially reward their staff as they progress through their training.

“You want to reward people financially but you cant. These people are doing one of the most responsible jobs there is and yet the pay doesn’t reflect that. You try to give them the right pay they deserve but if you’re not getting the funding in then its not there.”

Private Sector Manager

Training and standards

Employers report difficulty recruiting care staff in an increasingly competitive market. This is exacerbated by the culture of regulation and review within the care sector, which leads individual staff to feel vulnerable to allegations made by residents/clients. Shifts in eligibility criteria mean that the demographic within both care homes and the community has shifted to those with only the most complex needs. As a result the nature of the work is complex and demanding.

“With increasing legislation and increased training needs we are expecting a lot more of our care staff now than we did when I first became a home manager 20 years ago, but we are not paying them anymore.”

Private Sector Manager

The financial culture of cost reduction has an impact on pay and conditions, particularly in terms of zero hours contracts and lack of paid travel expenses. Both these factors act as a disincentive for the workforce (HMRC, 2013). The emphasis on increased skills and training for care staff has also resulted in some workers leaving care due to the increased academic demands now required.

There is a significant delay between employers recruiting appropriate candidates at interview and being able to allow them to practice. This is due in part to the length of time required to obtain the relevant CRB/DBS, and the period of training or induction period required to prepare people sufficiently for care work.

“I think it’s a case that people have to do so much training now, even on the recruitment side before anybody is even allowed to begin care. You have to spend money on the whole recruitment procedure, 12-16 week induction training. They come back with workbooks and need supervision sessions. It’s not a job for people who haven’t got some academic prowess any more. Some people could be wonderful carers but can’t put it down on paper, feel completely unable to do the job.”

Private Sector Manager

Employers also reported that it can be difficult to keep part time staff up to date with the mandatory training required and this has implications on the successful recruitment and retention of this staff group. Historically care work has been seen as a flexible role but increased regulation and statutory requirements are changing the nature of the role.

“The main issue with that is how do you get people who only work weekends trained and their training updated, its difficult. Our training department doesn’t work weekends or nights. There is an expectation; to give mandatory training every year but we can’t get these people on the training.”

Private Sector Manager

Lack of benefits of care role

Traditionally one of the benefits of undertaking a care role was the flexibility that it could allow around other commitments. However, a combination of increased training demands and the complexity of service user needs has limited the degree to which employers can be flexible with the hours they offer staff. The majority of provision requires some degree of cover both day and night and therefore employees are often required to work shifts or unsociable hours. This can also have implications for the service user and the level of care they receive due to staff having limited time to undertake handovers, resulting in challenges when ensuring knowledge of care plans are up-to-date, as well as the training issues discussed above.

“The hours. Our work starts for us at 7.45-14.00, 13.45-20.00, 19.45/8-overnight. If you have to drop kids at school or pick them up an ideal job is 9.15-15.30 or one member of staff can do one and can’t do the other. Or benefit requirements, can only work 16 hours. It is fine, you can mix the staff but then the problem is ... Claire comes in on a Monday and does her thing, but then doesn’t come in again until the following Monday and she has to spend half the shift finding out what’s happened or what’s changed. Then you need to get them in for training, they can’t always make it. There’s a lack of continuity. They don’t want to see 5 people do 5 hours each, they want someone who actually knows this lady, who knows if she’s picking up a spoon of sugar that she is diabetic, they want continuity and knowledge.”

Private Sector Manager

Employers reported that they were unable to financially reward staff for good performance or for the additional training required and this can negatively influence employers’ ability to retain staff.

“Realistic funding for commissioned care from local authorities - i.e. councils paying the ‘going rate’ as opposed to what they can ‘afford’ - not paying the ‘going rate’ travelling time, mileage has knock on affect as to what carer wages can be paid by their employer.”

Private Sector Manager

The financial implications for staff on zero hours contracts who are unable to work due to sickness can be substantial and therefore financially the role can lack any job security or employment protection for the employee. Sick leave and annual leave can have significant ramifications for other employees who may feel stressed due to short staffing or increased reliance on agency staff. Employers and employees spoke relatively positively about agency staff but are aware that the lack of continuity of care due to reliance on agency staff can be problematic for service users and may put additional strain of pre-existing staff members (Lewis and West, 2014).

Logistical issues, such transport requirements for domiciliary workers and unsociable working hours, can act as a disincentive for those considering work in the sector. The health and social care workforce is required 24 hours a day, 7 days a week and does not have the advantages of retail,

which will often run a limited service on public holidays and Sundays. The infrastructure of public services are often based around this pattern of usage and this can present a challenge for workers across the health and social care sector, especially where potential employees do not drive or own a car. Employers, overall, regard owning a car as essential for certain roles such as delivering domiciliary care however the cost implications of running a car, and lack of paid mileage or travelling time by some employers, can make the role financially unviable.

The most significant barrier to working in the sector, highlighted by both employers and employees, is the vulnerability of staff and culpability should an unexpected event occur. Employees are acutely aware of the potential implications of such an event and this can result in some employees developing a high degree of anxiety around the recording requirements linked to risk and safeguarding, particularly where English may not be an individual's first language. Legislation such as the Care Act (2014) promotes the wellbeing of service users and person-centred services. This radical change in adult services is positive for service users and carers, but may raise more issues for employers and employees in social care. For example, the duty of candour requires all health and adult social care providers registered with CQC to be open with people when things go wrong. The regulations impose a specific and detailed duty of candour on all providers where any harm to a service user from their care or treatment is above a certain harm-threshold.

"Being scared of getting something wrong and what might happen because it is drummed into us that if you get something wrong in that care plan or you haven't done something, you are answerable and that's quite scary to think that you could end up in court for something that you haven't deliberately done or you might have just made a little mistake. Sometimes you are so busy, you might just get that one thing wrong. Accountability."

Private Sector Employee

Employers recognise and acknowledge this anxiety and argue that it is in fact a well-founded area for concern. If a complaint is reported employers are required to suspend their staff member immediately until the investigation is completed. Employers reported that in their experience this has had substantial implications for staff and had led to staff leaving the sector for greater personal job security elsewhere. In line with concerns raised about financial security, if the person is on an appropriate contract they will be suspended on full pay which has financial implications for the employer. However, should they be on a zero hours contract they may be unable to earn anything during the investigation period and therefore this would have significant implications for them.

"I think some of them feel vulnerable, for how vulnerable they are within their roles, they can be accused of things and even if they haven't done anything, there's an investigation and some of them do feel vulnerable. As much as you have vulnerable clients, your staff are always vulnerable."

Private Sector Employer

Recruitment and perceptions of the sector

Negative perceptions of care work

Employers demonstrate an increased awareness of the role of the media as a source of information compared to any other group sampled. The media can exert a negative influence on recruitment and this reflected in the employers' focus groups.

"The negative image of care, I don't know how true it is but I wonder how many parents tell their children not to get involved in that, how many children read the news? Does that affect them? We have all the visitors who come in looking for a home for relatives and they're all clued up on it, the media etc. If what's in the media influences them then does that rub off on their kids? Is it not seen as a career to go into?"

Private Sector Manager

Employers and employees reflected a high level of concern about recent media coverage of the care sector. They believe such media representations depict the care sector in a negative light often through inaccurate reporting. As well as affecting the morale of those currently working in the sector, negative media coverage may exert a powerful influence on those currently outside the sector who may not have an alternative positive view to help add balance.

"Sometimes you never quite know what to believe with media coverage, whether they are being truthful or they're exaggerating the story. You don't know what's accurate with any media report. I've always been a bit wary about it, whether you get the whole picture."

Private Sector Employee

Employees and employers would like to see a more positive but realistic reflection of the sector by the media. Employers reported that there was a tendency to focus on the negative aspects of services as opposed to highlighting the positive attributes.

"When we are monitored by CQC or the Borough, they could write more positive things in the reports. Never do they report that they were pleased they saw certain things. They say this is ok, that's ok then right at the end it'll be something you got wrong, even very minor."

Private Sector Manager

Interestingly, some employees reported that negative media coverage was helpful to remind employers what can go wrong and to encourage them to be more vigilant to avoid these occurrences.

Care role is not appealing to the right populations

To understand the distribution of the current recruitment pool, respondents were asked which roles in the Health and Social Care sector they would be most interested in undertaking.

Respondents most frequently indicated Care Worker (29%), Social Worker (27%) and Registered Nurse (27%) as their most preferred roles in the sector. 10% of respondents indicated that they were not interested in undertaking any of the specified roles, with an additional 24% of respondents indicating that they were not sure what roles they would like to undertake. These results indicate that there is clear scope for increasing awareness of the range of roles and opportunities available within the sector.

The most frequent first choice for preferred role in the sector was Social worker (19%). Registered nurse (16%), Registered manager (11%) and Nursery nurse (11%) were also frequent first choices. Other first choices included Occupational therapist (5%), Criminal psychologist (5%), and Clinical support worker (5%) and Care worker (5%).

The preferred roles most frequently chosen for second choice was Social worker (18%) and Clinical support worker (18%). Health care assistant (15%), Care worker (15%), Therapy assistant (9%) and Occupational therapist (6%) were also most frequently indicated as a second choice.

The most frequent third option was Therapy assistant (26%). Social worker (22%) and Care worker (19%) were also some of the most frequently chosen options. Other third choices included Registered nurse (7%) and Nursery nurse (7%).

“Giving it a more positive image in the media, and have better recognition of the status of care work. Letting people know the variety of roles out there in the care sector so people can choose an area that would interest them e.g., learning disabilities, elderly, community or residential etc.”

Private Sector Manager

Respondents were asked how informed they felt about the employment opportunities within the Health and Social Care sector. Only a third of those currently working within the sector felt they were well informed. This could be problematic for the Health and Social Care sector in appealing to the right populations, raising the possibility that if the current workforce are not well informed on the progression routes and different care roles, then it is likely that the rest of the population are even less informed.

“Make sure people know that it’s not just about personal care, there are many different opportunities within this sector and fast track to management is often encouraged along with recognised qualifications”

Private Sector Manager

Employers also noted that many potential employees, when interviewed, showed very little knowledge about the nature of the role they applied for.

“But then you have others who apply for the job not for the right reasons because they think they can do this job without qualifications. When their children are a bit older they can fit the hours around the children, it’s not people who actually want to be carers, its just a job.”

Private Sector Manager

A frequent perception of younger staff joining the workforce was that they are potentially less reliable than older age groups. Employers and employees suggested that younger staff were more likely to take time off sick, whether or not they were actually unwell. It was a recognised theme for younger staff to take sick leave on a payday or the weekend when the manager was not around, resulting in the overall perception that some younger staff lack commitment and a responsible work ethic.

“One of the main questions we ask at interview is how reliable are you, it’s not like Tesco’s where if you don’t turn up there’ll just be boxes left un-stacked, it means somebody doesn’t get washed, or fed or dressed, the CQC come in and question why we are short, it’s not good enough.”

Private Sector Manager

Employers noted that the physical demands of a care role had increased significantly in correlation with the increased complexity of the needs of service users. Employers felt that this had been somewhat underestimated when possible recruitment streams had been considered, particularly in respect to the older workforce. In addition, those who have worked in care for many years may be unable to continue to keep up with the increasing physical demands of the job and may therefore leave the sector due to physically demanding nature of hands-on care work.

“There’s a big push in getting the over 60s back into work, but with all due respect do you realise how challenging this work is, forget being punched, spat at, kicked and bitten, just general elderly care, it’s a really hard and challenging, physically hard job with fairly unsociable hours for some.”

Private Sector Manager

Issues related to the ‘gendered’ perceptions of care work also emerged in the study. Employers and employees reported a recent increase in male applicants for roles within nursing homes, but suggest that caring roles are often seen as ‘female roles’ and that this image is not consistent with the expectations that male candidates may have in regards to status and salary.

Managers did however highlight some potential problems with some service users feeling uncomfortable receiving personal care from a male carer, employees highlighted that in their experience this had been a more prevalent issue for male service users as opposed to female service users.

“We asked the people how they would feel if we recruited a male member of staff because we were at that point all female, we now have one man as that’s all we have had apply. They were aghast at the thought of a man giving them personal care, the ladies don’t mind. We had a gentleman and it seemed the done thing that the ladies can refuse personal care from a man but it didn’t seem to work the other way round. Some of the ladies absolutely loved having a bath by a man. You do get some men who don’t want men for personal care. But there’s not many men who wouldn’t have a woman in there.”

Private Sector Employee

Migrant labour

The cost of living

Employers identified the migrant workforce as a potential population for recruitment and have previously seen a limited influx on migrant workers into the care industry in the local conurbation, however, employers reported this has not been of the scale suggested by the media. On a local level the cost of living within the surrounding area has had a negative impact on the managers ability to retain migrant staff, who may relocate to other areas such as Southampton or Portsmouth where the rates of pay are similar but the cost of living, primarily in respect to accommodation, is lower.

“Most seen in our foreign staff, the Romanians most recently, renting is expensive. They can go into the Southampton or Portsmouth areas and rent a house or flat a lot cheaper. They can get the equivalent job there but pay less for accommodation. We don’t get the big migrations of staff down here, and when we do they go into hotel work where they get free accommodation. We are an expensive area to move to.”

Private Sector Employer

An important micro-community level influence is apparent within migrant worker communities, and it appears that groups of migrants from similar ethnic backgrounds may relocate together to new locations and therefore leave en masse from the local workforce.

“There are nationality pockets of foreign workers. We find it comes in waves, you’ll suddenly have lots of Polish people applying then lots of Romanians and it seems to be like some move, tell their friends then all of a sudden there’s a new community. Recently we have had Romanians who have been in Spanish hospitals, all who are qualified nurses, but haven’t been paid for the last 6-8 months and have basically been told there’s no work, they have to give the work to the Spanish staff first. If you want to go, go. Then one moves over and all of a sudden there’s 15 of them, they build a nucleus. But if one gets offered a job in Hertfordshire at £12 an hour instead of £9, they will all gradually go there.”

Private Sector Employer

Recording of care

The increased recording demands of a role within health and social care, particularly care work, can be problematic if English is not a candidate's first language. This can limit the level of engagement between the sector and this population.

"I think a lot of it does boil down to the paperwork side. We have had quite a few that just wouldn't be up to the paperwork standards, their English isn't that good. We have had a lot of foreign applicants and they may be fantastic carers but their written English is where we are going to fail."

Private Sector Employer

Employers are keenly aware of the importance of accurate and timely record keeping and the implications of this not being performed correctly, both for the business and potentially the service user. This can result in some employees leaving the health and social care work pool as they are unable to record the event appropriately and therefore pose a risk to both service users and the overall business.

"We have lost a lot of staff because they could just not deal with the fact that if they got the paperwork wrong then ultimately they could be the one in court and we have had two people in the last month say that there is just too much paperwork, they don't feel comfortable. One of them was terrified she'd end up in court because she wrote the wrong meal down. The paperwork side just terrifies some people."

Private Sector Employer

Service users

It is important that the needs and the experience of service users are not overlooked when considering which segments of the population should be targeted for recruitment into the Health and Social Care sector. Service users have not been approached as part of this research, but service user needs should be considered alongside the wider economic and social impacts that influence the provision of health and social care services.

Continuity of care: Carers can be the single point of contact that a vulnerable person may have on a given day, accordingly a degree of familiarity with both the service user and their care plan would be preferable to ensure and maintain continuity of care. This can also offer some room for socialisation and therefore can positively impact on service users' sense of wellbeing and quality of life. Research suggests that high staff turnover has a direct impact on the quality of care received and the continuity of care offered (Lewis and West, 2014), and that time to care is often compromised (UNISON, 2012). Employers spoke of the challenges of maintaining levels of continuity when employing numerous part-time staff. This does raise the question of how the role of part-time staff can be effectively balanced to meet both their own needs and the needs of service users. Employers' most pressing concern was keeping part-time staff up to date with mandatory training and informed about changing service users' needs as effective handovers can be logistically challenging. Part-time workers have always been an important part of the social care workforce due to the flexibility of these roles, but running a part-time workforce can be challenging for employers. However, in the future it may be important to 'market' the flexibility of part-time employment in order to target specific groups who require flexible employment. For example groups such as parents with young children have the potential to join the workforce on a part-time basis, although some would be limited to working 16 hours a week as any more could negatively impact their financial position in relation to working tax credits and other related entitlements and benefits.

Self-funders and direct payments: We must consider the significant impact any substantial increase in the cost of care would have on self-funders and those in receipt of direct payments. Any increase in the private sector would directly impact self-funders, particularly if above the set level a local authority will pay. This will have implications for those in receipt of direct payment who will be required to top-up this payment.

Recruitment Pathways

To expand understanding of the issues related to recruitment into the sector, quantitative questionnaires were undertaken with population samples outside the sector. These were designed to capture a measure of respondents' perceptions of the sector, their current stance on accessing or recommending employment in the sector and how these aspects may be positively influenced.

Having explored potential barriers to recruitment identified by staff within the social care sector, potential external recruitment streams were identified. It should be noted that this is not an exhaustive list and represents population groups identified within the scope of this research.

The following section will focus on the following potential recruitment streams:

- Schools (Students and Teachers)
- Job Fairs/ Recruitment events
- Adult Learning
- Job Centre Plus

Initially, respondents were approached via an online questionnaire, however, this proved difficult to access and complete for some groups. Therefore paper questionnaires were distributed to increase response rates. In addition, the questionnaire was distributed at two employment events/fairs. The response for each questionnaire type is as follows:

- Job Fair Attendees (88 respondents)
- Teachers (15 respondents)
- Students (14 respondents)
- Adult Social Care Course (14 respondents)
- JCP Advisors (3 respondents)
- JCP Claimants (1 respondent)

The vast majority of respondents indicated that they were of British Nationality. Therefore there is significant scope for further work to be undertaken to explore the issues faced by migrant workers within the conurbation, including those currently employed in social care and those who may potentially enter the workforce.

The following section explores information gathered about each segment and the implications for future recruitment.

Job Fair / Recruitment Events

Demographics

64% of respondents were female and 36% male. All respondents were aged less than 65 years old, most frequently 24 or under (90%). The majority of respondents (86%) reported having heard about the event through their school or college and a further 5% indicated that had been signposted to the event via Job Centre Plus. 8 people reported hearing about the event via another source, these included the Echo, Barclays, CEIAG meeting and Your Future - Your Choice.

Experience of the Sector

Over half of respondents reported not having any previous experience of employment in the Health and Social Care sector. Just under a third of respondents reported that a close family member/friend or partner has previously worked in the sector, 7% reported that they had previously worked in the sector and a further 6% reported that they currently work in the sector. Respondents most frequently had previous experience of roles within Social Work, Nursing and Care.

Just under a quarter of respondents indicated that a close family member/friend or partner had undertaken an informal caring role for another person; a further 17% indicated that they had undertaken this role themselves. Fewer than half of respondents (43%) indicated that they had no previous involvement in informal care. Interestingly 19% of respondents indicated that they were not sure or did not know.

Information

Respondents most frequently indicated that they were informed about employment opportunities within the sector to some degree but would like to know more (48%). A fifth of respondents indicated that they felt well informed about opportunities in the sector. The main sources of information that respondents reported receiving about employment in the sector were education (63%), the media (27%), the Internet (23%) and personal experience or interest (18%). Respondents reflected the perception that employees in the sector are in high demand and the positive implications of being able to help other people, they were however aware of the tensions in the sector, particularly in regards to cutbacks and employee vulnerability.

Working in the Sector

Respondents were asked if they would consider working in the Health and Social Care sector on a 10 point scale (1 (No) - 5 (unsure/don't know) - 10 (Yes)). As a group Job Fair respondents average a rating of 5, with 55% of respondents rated their desire to work in the sector as 5 or less. Although the sample sizes are relatively small and can only be considered indicative, respondents desire to work in the sector varied greatly by age, with respondents between the ages of 25 and 34 being the least inclined to work in the sector and respondents aged 55 to 64 being the most inclined.

Would you consider working in the Health and Social Care sector?



The most frequently reported preferred role in the sector within this sample was Social Worker (26%). Additional responses included; Nursery Nurse (23%), Registered Nurse (16%), Care Worker (16%), Occupational Therapy (14%), and therapy assistant (11%). A quarter of respondents indicated they were not sure, 13% indicated they would not like to undertake any of the roles specified and eight respondents specified other roles, including Speech and Language Therapist, Midwife, Paramedic and Dietician.

Respondents who indicated they did not wish to work in the sector frequently identified an alternative sector that they were interested in moving into or a distinct lack of interest in the sector as a whole. Respondents who indicated a degree of uncertainty reported that this was due to them not being aware of the options for potential career pathways in the sector to be able to consider it as an option. Some respondents reported that a perception of low earning potential and the academic requirements were barriers to them considering the sector.

Influences

Respondents were asked to rate how influential the below statements (see graph below) were to them on a scale of 1-5 (1= Strongly negative Influence, 5 = strongly positive influence). Job Fair respondents reported all influences on average to all be positive rather than negative. The most positive influences were being able to help/support other people, job security, work experience, transferable skill and a career path with progression. The least motivating influences were the rates of pay and the media coverage, with 15% of respondents considering media coverage as a negative influence and 3% (3 respondents) considering rates of pay as a negative influence and a further 2% considering them a strongly negative influence.

Influences - Average Ratings

Job Fair



Schools (Teachers and Students)

Teachers

Demographics

73% of respondents were male and 27% were female. All respondents reported being aged between 25 and 64, most frequently between 45-54 years old. All of the teachers described themselves as British and 7% considered themselves as being disabled within the definition of the Equality Act 2010.

Experience of the Sector

When asked if they, or a close family member/friend/partner had previously worked in the Health and Social Care sector; 27% had personal experience in providing care, 27% reported that a close friend or family member had previously worked in the Health and Social Care sector and just under half (46%) reported having no previous experience in the sector. It was reported that a third of respondents had personally undertaken an informal caring role, a further third of respondents reported that a close family member or friend had undertaken an informal caring role.

Information

Respondents were asked how well informed they felt about employment opportunities in the Health and Social Care sector. It was reported that 47% of respondents felt informed to a degree but would like to know more, a third reported being well informed, 13% felt they knew all they needed/wanted to know, and 7% would like to know more. The main sources of information for the Teacher group were reported as Education (67%), Media (60%), Internet (53%) and Personal Experience/Interest (40%). Additional responses included Employers/Recruitment agency (20%), Job Centre Plus/JCP Advisors (7%) and the National Careers Service (7%). The main theme of information was the roles and opportunities within the sector. Other themes included low pay, the pressure on the sector, the sector being undervalued and job vacancies. It was also observed that most of those with negative responses had reported that they sourced information from the media.

Working in the Sector

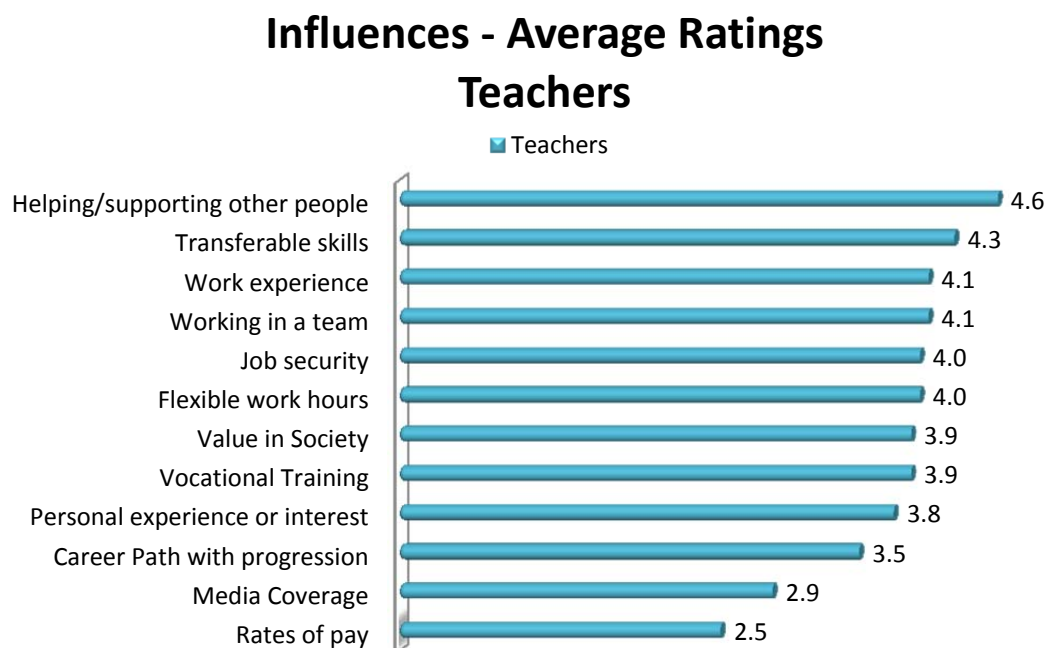
When the sample group were asked if they were to leave their current profession, would they consider working in the Health and Social Care sector on a 10 point scale (1 (No) - 5 (unsure/don't know) - 10 (Yes)), the average rating was 7. A third of teachers gave a score of 10, indicating that they would like to work in the sector.

Respondents were asked which roles they would consider undertaking, the most frequent responses were Social worker (53%), Therapy assistant (47%), Occupational therapist (47%) and Care worker (33%). The teachers were then asked to report their top three preferred roles; the most frequent first choices were Occupational therapist and Social worker. Therapy assistant and Social worker

were the second most frequent, and Care worker, Support worker and Occupational therapist were the most reported third choice.

Influences

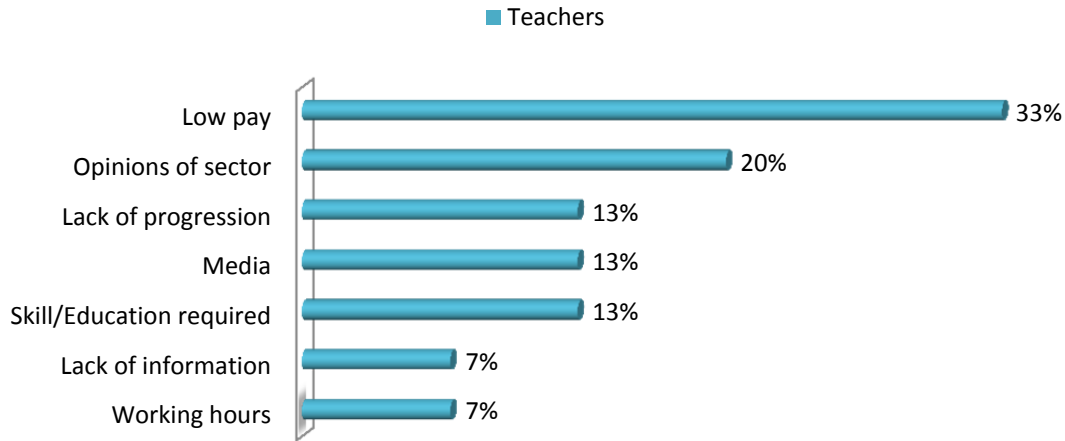
Respondents were asked to rate how influential the below statements (see graph) were to them on a scale of 1-5 (1= Strongly negative Influence, 5 = strongly positive influence). The teachers reported the majority of the statements to be positive influences, with helping/supporting other people (4.6) being the most positive rated influence. Media (2.9) and rates of pay (2.5) were given the lowest scores by the teachers, making them the most negative influences of the statements.



Motivators and Barriers

The teacher sample were asked to report what they felt were the main barriers to them recommending a career in Health and Social care to their students. The main themes that were presented were low pay (33%) and the opinions of the sector (20%). Additional themes were the lack of progression (13%), media coverage of the sector (13%) and the level of skill or education required to work in the sector (13%). Other responses included a lack of information available and unsociable working hours.

What do you perceive to be the main barriers to you recommending a career in Health and Social Care to your students?



When asked what more could be done to encourage their students to consider the Health and Social Care sector as a career path 80% of the teacher group suggested more information to be made available, with 40% of respondents recommending that speakers would be a positive motivator. Other responses included work place visits/work experience opportunities and lowering the qualifications required.

Respondents were asked if they would recommend a career in Health and Social Care to their students, 80% of teachers reported yes and 20% agreed that they would sometimes, depending on the student.

Students

Demographics

All of the respondents within the student sample were female and aged 16 years old or under. 71% of students described themselves as British, 7% Non-EEA (Non-European Economic Area), 7% European Economic Area (Non British) and 14% preferred not to say. The students were asked to report their parent's level of qualifications, 50% reported that their parents had 1-4 O levels/CSEs/GCSEs (any grades), Entry Level, Foundation Diploma, 21% of parents had professional qualifications and it was reported that 14% had no qualifications.

Experience of the Sector

The sample were asked if they, or a close family member/friend/partner had previously worked in the Health and Social care sector, 71% reported that someone close to them had, and 29% responded no. When asked whether they had personally taken part in informal care, 21% responded yes. 50% had friends or relatives who had informally cared for another person.

Information

Students were asked if they felt well informed about the employment opportunities within the Health and Social Care sector, it was reported that 64% responded that they were informed to some degree but would like to know more, 21% felt they were well informed, 7% responded no, I would like to know more, and 7% reported no, and that they felt they knew all they needed/wanted to know. When asked where they gained their information on the sector, the most frequent source of information was through education (93%), 14% used the Internet as a source, 14% obtained information from the media, 7% from the Jobcentre Plus/JCP Advisors and 7% from personal experience or interest. Some of the main themes of the information they had received were described as academic requirements, the roles within the sector, information from leaflets and helping and caring for others.

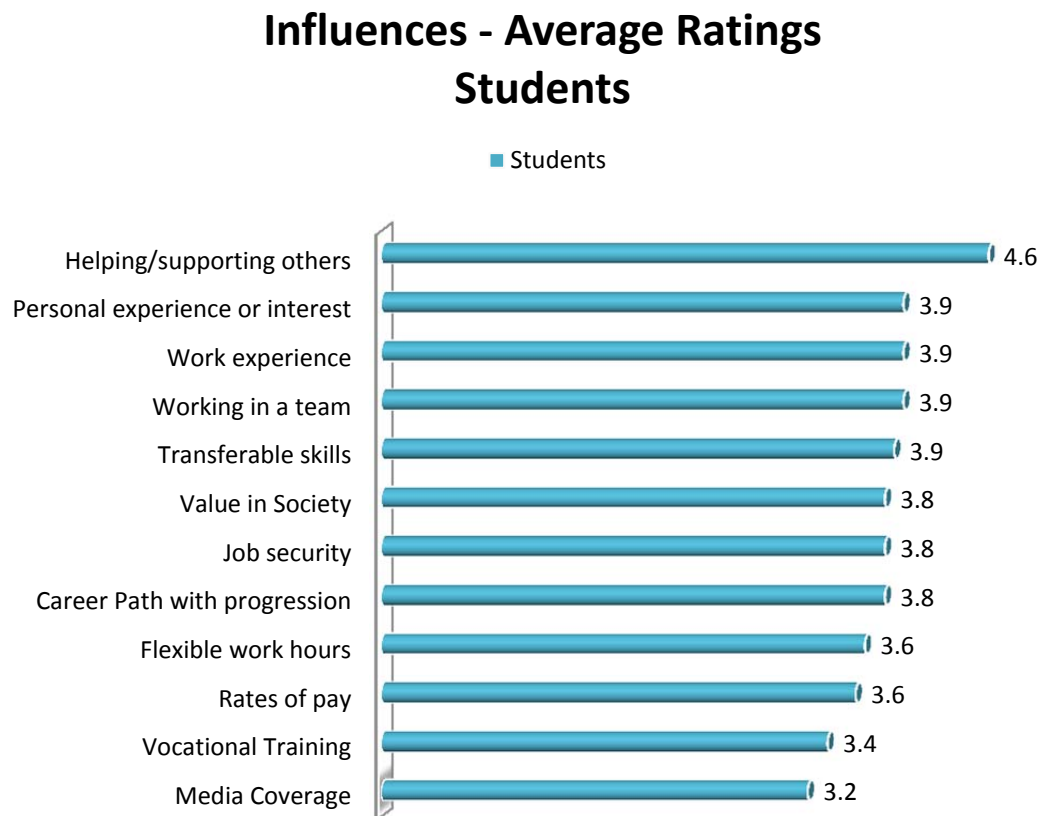
Working in the sector

The group were asked if they would consider working in the Health and Social Care sector on a 10 point scale (1 (No) - 5 (unsure/don't know) - 10 (Yes)), the average response was 6. Respondents were asked to provide a little more information as to why they gave their response, the most positive themes included that they knew they already wanted to work in the sector and working with people. Some of the more negative themes included that they knew they wanted to work in another sector and that they weren't interested in Health and Social Care. Others reported that they were unsure what they wanted to do.

Students were asked which roles they would consider undertaking, the most frequent responses were a Nursery nurse (29%), Registered nurse (21%), Social worker (14%) and Care worker (7%). 43% reported that they were not sure, and 36% reported other which included Probation officer and Criminal psychologist.

Influences

Respondents were asked to rate how influential the below statements (see graph) were to them on a scale of 1-5 (1= Strongly negative Influence, 5 = strongly positive influence). All of the statements average ratings were positive. The most positive rated influence was helping and supporting others (4.6) and the lowest influence, yet still on the positive side of the spectrum, was media coverage (3.2).



Motivators and Barriers

The student sample were asked what they perceived the main barriers to them choosing a career in the Health and Social Care sector, the main themes that arose from the data were that they felt there was a lack of information, academic requirements and difficulty meeting them and personal disinterest in working in the sector. Students were then asked what more could be done to encourage more people to consider the Health and Social Care sector as a career path, the responses included to provide more information on working in the sector and to highlight more positives to a career in the sector.

Training and recruitment

The students were asked if they had previously received any training on recruitment and employment within the Health and Social Care sector, 43% responded no, 14% said they had and 43% were unsure, some of the training they had received included work experience and first aid. When asked if the training they had undertaken made them more or less likely to choose a career in

When considering the link between students and teachers it was decided that these groups should be analysed together. Teachers can be highly influential to students especially when they are at an age where they will be thinking about their futures. It is therefore vital that the teachers are informed about the opportunities available in Health and Social Care to a degree that will not only encourage students to consider a career in the sector but also to ensure that the information they are passing on is current and a true reflection of the sector.

The teacher sample had come from a group of teachers who had just attended a teachers training day whereby they were given a portion of training on recruitment and employment within the Health and Social Care sector. Interestingly, the majority of the teachers had not previously received any Health and Social Care training prior and as a result of the training day; 57% reported that the training made them much more likely to recommend a career in the Health and Social Care sector, 21.5% reported they were more likely and 21.5% reported no change. When asked to give more information the main themes that arose included; a greater awareness of the roles and opportunities and that they felt much better informed.

■ Much more likely ■ More likely ■ No change ■ Less likely ■ Much less likely



32

they found themselves not interested in that type of work. It also emerged that this respondent had a clear indication of their future by reporting that they wanted a career in Criminal Psychology. The other respondent who had previously had training, reported that they had received training in first aid. They indicated that they were more likely to choose a career in Health and Social Care as they found it interesting and had also indicated that they had personally undertaken an informal caring role for another person. This supports employers in their views that potential employees need to gain an insight into the sector before they decide if it is something they wish to proceed with. The reported dropping in and out of employees in the sector, due to the lack of perception of the role, not only wastes valuable resources but also demotivates other staff. It is therefore imperative that students are given an option of experiencing the sector prior to entering the workforce.

Interestingly, the Teachers rated their willingness to work in the sector higher than the students, yet at the same time they responded with more negative views of the sector in regards to influences such as rates of pay and media coverage.

Adult Social Care Course

Demographics

57% of respondents were male and 43% female. All respondents were aged under 54 years, most frequently between 25-34 years of age. Over 90% of respondents described themselves as British and 7% as from the European Economic Area. When asked about qualifications; 57% reported having achieved 1-4 O levels/CSEs/GCSEs (any grades), Entry Level, Foundation Diploma; no respondents reported having a degree or a higher degree and 7% reported having no qualifications at all.

Experience of the Sector

When asked if the respondent or a close family member/friend/partner of theirs had previously worked in the Health and Social Care sector, 43% reported that someone close to them had, 21% reported they themselves had and 36% responded having no previous experience of the sector. Respondents who did have previous experience in the sector had most frequently worked within care worker roles, the roles most frequently undertaken by family members or friends were primarily professional roles such as social workers or nurses. 38% of respondents reported that they had previously provided informal care for another person and half of respondents indicated that a close family member/friend or relative had undertaken an informal caring role.

Information

The majority (71%) of respondents felt that they were informed about employment opportunities in the sector to a degree but would like to know more, and 29% felt they were well informed. These results are not surprising as the sample was currently attending a course in Adult Social Care and therefore were in an advantageous position for receiving information on opportunities in this section. The main information source for the Adult Social Care sample was through personal experience or interest (64%). 36% of respondents reported sourcing information from the media, 21% through education, 21% through other, employers/recruitment agencies and the internet both 14% and the Job Centre Plus/JCP advisors at 0%.

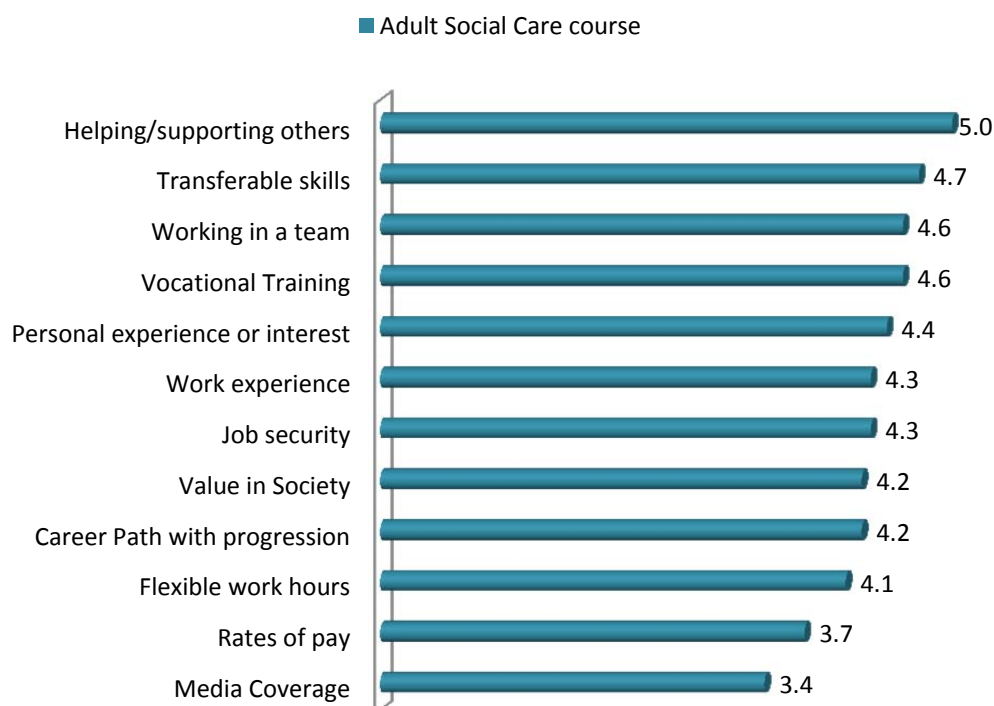
Working in the Sector

Respondents were asked if they would consider working in the Health and Social Care sector on a 10 point scale (1 (No) - 5 (unsure/don't know) - 10 (Yes)). The Adult Social Care course respondents averaged a score of 9. The most frequently reported preferred role in the sector within this sample was Care Worker (71%). Additional responses included; Health Care Assistant (57%), Clinical Support Worker (43%), Social Worker (36%), Therapy Assistant (29%), Registered Nurse (21%), Registered Manager (14%), Occupational Therapist (14%) and Nursery Nurse (7%). 10% of respondents specified other roles that they would like to undertake in the sector, these included Support Workers, Young Peoples Service and a Warden.

Influences

Respondents were asked to rate how influential the below statements (see graph) were to them on a scale of 1-5 (1= Strongly negative Influence, 5 = strongly positive influence). The Adult Social Care sample reported them on average to all be positive influences. Help/supporting others, transferable skills, working in a team and vocational training were considered the most positive influences, with the rates of pay and the media being considered the least positive influences. The rates across the Adult Social Care course sample were comparatively higher than other comparative groups, such as students for example, this is not surprising as attendees on the course represented a self-selected sample who, by attending the course, demonstrated a pre-existing interest in a career in the Health and Social Care Sector.

Influences - Average Ratings Adult Social Course



Job Centre Plus Advisors and Job Centre Claimants

Demographics

Job Centre Plus advisors (7%) and claimants (2%) made up 9% of our total sample. All respondents in this category were female. The JCP Advisors were aged between 35-54 years and the claimants were all 17-24 years old. 7% of respondents indicated that they considered themselves as disabled under the act. These respondents were all situated with the JCP advisors sample group. The entire JCP sample reported their ethnicity to be British.

Experience of the Sector

The whole sample of JCP advisors and claimants reported a close family member/friend or partner having previously worked in the Health and Social Care sector. The JCP advisors also reported that 33% of them had previously worked in the sector themselves. Two-thirds (67%) of JCP advisors stated that they had previously undertaken an informal caring role for another person.

Information

All of the JCP advisors reported feeling well informed about the employment opportunities in the Health and Social Care sector. Only 10% of total respondents reported having received information on the sector from the Job Centre Plus (none of which were JCP claimants), however JCP advisors indicated that they had received information on the area from their employers. JCP advisors reported that their main information sources were the Jobcentre Plus/JCP advisors (67%) and Other sources (67%). Further information was received through the Media (33%), Education (33%), Employers/recruitment agencies (33%) and personal experience or interest (33%). JCP claimants however found their information through the Internet (100%) and personal experience or interest (100%) with no other sources mentioned.

Working in the Sector

Respondents were asked if they would consider working in the Health and Social Care sector on a 10 point scale (1 (No) - 5 (unsure/don't know) - 10 (Yes)). JCP Advisors average score was 1 (the lowest) and the JCP claimants average was 10 (the highest). The overall lowest ratings were reported by JCP advisors, however, further exploration of the data revealed that these respondents reported that they were disabled under the DDA and therefore it would not be appropriate for them to undertake the manual work associated with certain roles within the sector.

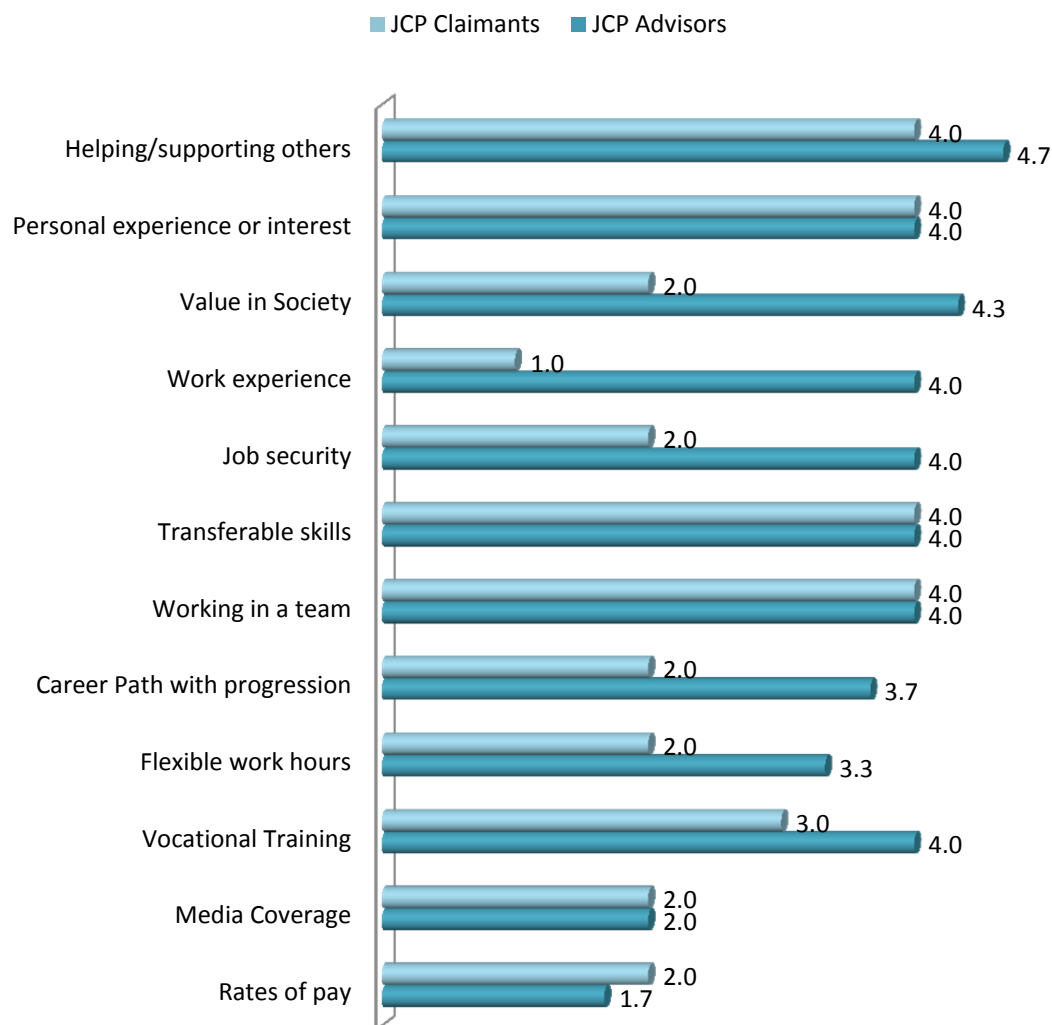
Influences

There was some agreement between claimants and advisors on influences, especially in the areas of helping/supporting others, personal experience, transferable skills, working in a team, media coverage and rates of pay. There was a noticeable difference of opinion between claimants and advisors in relation to the influence of value in society, work experience, job security, career path with progression, flexible work hours and vocational training where Advisors considered the influence to be more positive than claimants. Media coverage and rates of pay are notable negatives

for both claimants and advisors. Those working in the sector (see employees and employers) appear to consider influences to be more positive than those who do not (claimants and advisors).

Influences - Average Ratings JCP Claimants and Advisors Average Ratings

(1= Strongly negative Influence, 5 = strongly positive influence)



Discussion

The Borough of Poole, like many local authorities across England, is concerned about workforce planning particularly in relation to social care roles. The context of social care is one that is undergoing a period of profound change as a result of policy changes, and nationally it is recognised that there are challenges in the recruitment and retention of the social care workforce (Skills for Care, 2011a). It is important that workforce development for the social care sector consider new pathways to employment/progression as the current health and social care work force is ageing (CfWI, 2012), and it is therefore vital to support younger people to consider careers in the sector.

The nature of care work is changing due to a number of reasons including: demographic changes; shifts in eligibility criteria targeting only those with the most complex needs; economic imperatives to reduce costs which impacts upon pay and working conditions; the increasing regulation and monitoring of the sector; and the demands placed on workers to develop higher level knowledge and skills to deal with the complex needs of those they work with. These changes may act as a disincentive for individuals considering social care employment, particularly in light of low wage levels and the use of zero hours contracts. Although many of these factors are relevant to local authority, private and voluntary sector employers, there are differences across settings and domiciliary care agencies face greater challenges compared to care homes (Hussein, Ismail and Manthorpe, 2015).

This evaluation has highlighted barriers and incentives to joining the social care workforce from different segments of the local population. Some of these themes echo findings from earlier research, and some illuminate new understanding of issues related to the recruitment and retention of the social care workforce in the conurbation. It is hoped that this evaluation will help inform how workforce development policy is taken forward, and how new approaches may engage groups who to date have not necessarily considered employment in social care.

Barriers to social care employment

1. **A key disincentive is low pay in the sector.** Low pay is linked to low status and may prevent individuals considering unqualified social care work as a long term career option (Skills for Care 2011a; Green et al. 2014). In the questionnaire responses, participants often highlight consideration of qualified positions such as social worker or nurse, but show less interest in unqualified care work roles. Teachers report that low pay (33%) is a factor which prevents them from promoting social care as a career. Employers suggest that increased pay would potentially attract more people into care work, but increasing pay levels across the sector will have an impact on those who fund and commission services as well as self-funders (UKHCA, 2012b).
2. **Lack of understanding of the range of employment opportunities available within the care sector for specific groups.**
 - **Improving the quality of information and guidance available to young people and teachers.** Teachers are key influencers in the choices that young people make about careers and (46%) of the sample suggest they gain most information from their

place of education. Teachers perceive a number of barriers to recommending social care as an employment route including low pay and lack of progression opportunities, negative media coverage and lack of information about social care employment. The teachers sampled had just attended a teacher training day on social care. Interestingly the majority had not previously received any health and social care training prior and as a result of the training day, 57% reported that the training made them much more likely to recommend a career in the care sector. There is both a demand and need for more information about the range of employment opportunities in social care and 61% of participants wanted to know more about opportunities available. Students reported that they would consider a role in the care sector but it was noticeable that students reported the second lowest inclination to work in the care sector. Preferred roles indicated by participants are often those which require professional qualifications such as social worker or nurse, and there is limited consideration of unqualified roles. It would appear that work needs to be undertaken with teachers, schools and colleges to promote social care as a 'career', and to support this work the sector needs to develop and promote clear progression pathways which map onto qualifications and improved employment contracts and levels of remuneration.

- **Lack of awareness of progression opportunities into social care via Job Centre Plus.** Feedback from JCP claimants suggest that their knowledge about the care sector is gained through the internet and personal experience rather than directly through JCP advisors. This suggests that JCP advisors may not be informing claimants about social care opportunities despite reporting being well informed about the opportunities in the sector. The data suggests that there is scope to improve understanding of the range of roles and opportunities available in the care sector, and suggests that Job Centre Plus staff may not be actively promoting social care employment. Due to the small sample size in this evaluation, further work needs to be undertaken with JCP staff to explore how social care as an area of potential employment can be promoted more actively with claimants.

3. **Negative perceptions and low status of social care work:** There is a need to consider new ways of recruiting potential applicants into care work by challenging negative perceptions and promoting care work in a more positive light. Negative media representations of the care sector are perceived as a further barrier to those seeking employment, particularly with regards to the low status given to it. Employers in this study highlighted difficulties in recruiting to care posts despite using media and recruitment fairs. Alongside negative media representations of the care sector, there is a lack of clarity about the range of qualifications required for care work and this compounds the low status attached to it. One way to address this would be to develop clear qualification and progression pathways such as the "Certificate of Fundamental Care" as proposed in the Cavendish Review (2013).
4. **Increasing complexity of the work without adequate remuneration:** Shifts in eligibility criteria mean that the demographic within both care homes and the community has shifted to those with only the most complex needs. As a result the nature of the work is complex

and demanding yet pay does not reflect the nature of the task. Both nationally and locally these factors act as a barrier to those seeking employment.

5. **The impact of zero hours contracts:** The financial culture of cost reduction has had an impact on pay and conditions, particularly in terms of zero hours contracts, lack of paid travel expenses which act as a disincentive for the workforce. Concern has been expressed that it is impossible to provide good quality compassionate care under such working conditions and 'the advent of zero hours contracts, fee cuts and no payment for travel time is making it financially prohibitive for some domiciliary care workers to struggle on' (Cavendish, 2013:78).
6. **Recruiting staff with the necessary skills and willingness to undertake training.** Although it is increasingly recognised that the caring task is becoming more complex resulting in a need for increased training, this evaluation suggests that the emphasis on increased skills and training for care staff has also resulted in some workers leaving due to the increased academic demands now required. This suggests that some of the existing workforce may not feel confident or motivated enough to engage in mandatory training and this may reduce the potential pool of carers available or contribute to increased attrition from the workforce.
7. **Staff perceptions of vulnerability linked to risk and safeguarding.** This evaluation has found that employers and employees are anxious about the culture of increasing regulation and review within the sector which has resulted in increased recording requirements. This is particularly challenging where English is a second language. Care staff can feel vulnerable to allegations made by residents/clients. In the event of an allegation being made against a staff member this person is suspended immediately pending an investigation. This can have financial implications for both the employer and employee. More robust training concerning safeguarding responsibilities may help to bolster staff confidence in this area.
8. **Negative perceptions about the suitability of young people in the workforce.** Although nationally it is recognised that young people are an important source for the future social care workforce, both employers and some care staff in this sample raised concerns about the reliability and commitment of young people within the workforce. In part this appears to be related to young people's 'preparedness' for the type of work they will undertake in the sector and clear links can be made to how current qualifications actually meet the knowledge and competencies required. There are currently multiple pathways into social care employment, and some may offer better preparation than others. Nationally, work needs to be undertaken to develop clearer qualification and entry routes, in partnership with employers, which are 'fit for purpose' in preparing young people for employment in the care sector.

Incentives

1. **Lessons to be learnt from public sector employment:** Although issues related to the recruitment and retention of staff are common across the sector, this evaluation has shown that the experience of local authority (LA) employers and staff contrasts greatly with the experience of private sector staff and employers. In particular employment in the public sector (LA) offers certain incentives to staff including entitlements to annual leave, training within work hours, stable hours of employment, and paid sick leave. Alongside these contractual and pay related elements, employment in public sector care roles is often perceived as a 'stepping stone' to a career in a statutory health or social care role.
2. **Opportunities for training and qualifications:** Due to the increasingly complex nature of social care work, training and opportunities for qualifications which enhance career progression may act as an incentive for some to see social care as a career route rather than just a job. This may include opportunities for specialist knowledge and skills related to client's needs, but also opportunities to undertake leadership development. The Cavendish Review (2013) has previously highlighted the need for a nationally recognised training route for all health and social care assistants and suggests that the CQC should require care workers to have completed the Certificate of Fundamental Care before they can work unsupervised (Cavendish, 2013: 55).
3. **Career pathways for apprenticeships:** Apprenticeships which clearly map on to structured career progression pathways may improve the attractiveness of social care as a career (CfWI, 2012). As well as recommending the development of a Certificate of Fundamental Care the Cavendish Review (2013) suggests that new bridging programmes should be developed into pre-registration nursing and other health degrees.
4. **Positive media reporting:** Positively promoting social care as a career may help to develop increased interest from specific groups. For example, negative media coverage and poor rates of pay are notable negatives for both JCP claimants, JCP advisors, as well as teachers. This is not just a local issue and therefore needs to be tackled nationally to promote social care in a more positive light. This could be linked to the positive influences which attract people into social care work including include perceptions about helping/supporting people, the development of transferable skills and the opportunity to work in a team environment. A key motivating feature in the feedback across all sample groups was the positive aspect of 'helping and supporting others'. This element could be developed and stressed more in terms of an employment route which is underpinned by key values of 'humanised' care and the ability to make a difference in other peoples' lives. Developing narratives around these positive aspects of social care employment may go some way to counteract the negative media portrayal of the sector.
5. **Developing remuneration which reflects the complexity of care work.** Poor pay is recognised as a disincentive to employment in the care sector, and nationally action needs to be taken to ensure that pay levels reflect the knowledge and skills required for the increasing complexity of care roles. This is particularly important for those employed in domiciliary home care where some employers do not comply with the minimum wage due

to unpaid training time or unpaid travelling time between appointments (HMRC, 2013). In order to attract the social care workforce of the future it is important to review pay levels as low pay 'is no longer consistent with the increasingly demanding and responsible roles that many support workers are undertaking' (Cavendish, 2013:25).

6. **Opportunities offered by integrated working to develop new roles with clearer progression pathways.** Current policy changes heralded by the Care Act (2014) and increased personalisation through integrated care (Better Together Dorset ,2014) offer an exciting opportunity to explore the types of care roles needed now and into the future. This requires creativity and the ability to inspire future generations about work in the care sector. Nationally action needs to be taken regarding pay levels to reflect the status of the work, and a commitment to develop clear qualification and progression routes. Locally it provides an opportunity for key stakeholders to come together to work in partnership with employers, schools, colleges and JCP sites to develop taster events, apprenticeships and other progression routes into employment.

Conclusions

1. Nationally there are challenges in the recruitment and retention of the social care workforce. It is important to consider new pathways to employment/progression for different groups into social care employment as the current workforce is ageing due to an ageing workforce.
2. A number of contextual issues make recruitment into social care challenging including low pay, zero hours contracts, lack of paid travelling time between visits, increasingly complex work and insufficient time to undertake tasks.
3. Locally the above factors act as disincentives for potential recruits into the sector as well as those (teachers, JCP advisers) providing careers advice. There is a need to promote the care sector to certain groups, particularly students and those who use JCP services.
4. More work needs to be undertaken to convince young people about the potential of care sector employment. At the same time employers need to be encouraged to view the potential of a younger workforce more positively.
5. Improving pay to reflect the complex demands of care roles would help recruitment as well as raising the status of the sector.
6. Confusion about qualifications and progression pathways act as a further disincentive. There is a need to enhance career progression opportunities within the sector alongside nationally recognised qualification routes.
7. Apprenticeships which clearly map on to structured career progression pathways may improve the attractiveness of social care as a career.
8. Negative images of care work could be challenged by linking to the positive influences which attract people into social care work including include perceptions about helping/supporting people.
9. Lessons could be learnt from the public sector in terms of incentives to staff including entitlements to annual leave, training within work hours, stable hours of employment, and paid sick leave.
10. Although nationally migrant workers are employed in the care sector, the migrant workforce is limited in the conurbation by the cost of accommodation. It has proved difficult to retain migrant workers as they often relocate to other areas such as Southampton or Portsmouth where the rates of pay are similar but the cost accommodation is lower.
11. Current policy changes heralded by the Care Act (2014) and increased personalisation through integrated care (Better Together Dorset, 2014) offer an exciting opportunity to explore the types of care roles needed now and into the future.

References

- Alzheimers Society (2014) *Dementia UK Update*, London: Alzheimers Society.
- Better Together (2014) Vision and Values, Available from:
www.dorsetforyou.com/article/411954/About-Better-Together [Accessed 23/04/15]
- Cavendish C. (2013) *The Cavendish Review: An Independent Review into Healthcare Assistants and Support Workers in the NHS and Social Care Settings*, London. Available from:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/236212/Cavendish_Review.pdf. [accessed 25/04/15]
- Centre for Workforce Intelligence (2013). *Big Picture Challenges: the context*. Available from:
www.horizonsscanning.org.uk/publications/big-picture-challenges/. [Accessed 15/04/15]
- Centre for Workforce Intelligence (2013) Workforce Planning: provider Perspectives in Social Care. Available from www.cfwl.org.uk/.../workforce-planning...in-social-care/attachment.pdf. [Accessed 23/04/15]
- Creswell, J. W. (2009) *Research Design. Qualitative, Quantitative and mixed method approaches*. London, Sage.
- Eborall, C. (2005), *The State of the Social Care Workforce 2004*, London: Skills for Care.
- Eborall, C., Fenton, W. and Woodrow, S. (2010), *The State of the Adult Social Care Workforce in England, 2010*, London: Skills for Care.
- Green, A., Atfield, G., Staniewicz, T., Baldauf B., and Adam, D. (2014) *Determinants of the composition of the workforce in low skilled sectors of the UK economy: social care and retail sectors Final Report*, Warwick Institute of Employment Research.
- HM Revenue & Customs (HMRC) (2013) National Minimum Wage compliance in the social care sector. Available from: <https://www.gov.uk/government/publications/national-minimum-wagecompliance-in-the-social-care-sect> [Accessed 14/04/15]
- Hussein, S. (2011), Estimating probabilities and numbers of direct care workers paid under the National Minimum Wage in the UK: a Bayesian approach. *Social Care Workforce Periodical*, Issue 16, December. Social Care Workforce Research Unit, King's College London.
- Hussein, S., and Manthorpe, J. (2014), Structural marginalisation among the long-term care workforce in England: evidence from mixed-effect models of national pay data." *Ageing and Society* 34.01: 21-41.
- Hussein, S., Ismail, M., & Manthorpe, J. (2015). Changes in turnover and vacancy rates of care workers in England from 2008 to 2010: panel analysis of national workforce data. *Health & social care in the community*. DOI: 10.1111/hsc.12214.
- Lewis, J. and West A. (2014) Re-Shaping Social Care Services for Older People in England: Policy Development and the Problem of Achieving 'Good Care,' *Journal of Social Policy* 43 (01) pp 1 – 18

LGA/ADSS (2014) Guide to the Care Act 2014 and the implications for providers, London: LGA
ONS (2011) *Mortality Assumptions, 2010-Based National Population Projections*, Available from
http://www.ons.gov.uk/ons/dcp171776_237747.pdf [Accessed 14/04/15]

ONS (2012) – Office of National Statistics 2012, Principal Population Projection. The office of National Statistics.

Prabhakar , R. (2010) Does the Economic Recession Create Opportunities for Wealth Taxation? IKD Working Paper No. 52, Paper prepared for International Academic Workshop “Inherited wealth, justice and equality”, UCSIA, 4-6 March 2010 available from
<http://www.open.ac.uk/ikd/documents/working-papers/ikd-working-papers-52-pdf>[accessed 15/04/15]

Shield, F., Enderby, P., and Nancarrow, S. (2006) Stakeholder views of the training needs of an interprofessional practitioner who works with older people. *Nurse Educ Today* 26: 367–76
Skills for Care (2010) Skills for Care, The State of the Adult Social Care Workforce in England (2010)
<http://www.skillsforcare.org.uk/soascw>

Skills for Care (2011a) Adult social care workforce recruitment and retention strategy, Leeds: Skills for Care.

Skills for Care (2011b) *Capable, Confident, Skilled A workforce development strategy for people working, supporting and caring in adult social care*, Leeds: Skills for Care.

Tamkin, P. and Behling, F. (2012) *Sector Skills Insights: health and Social Care*, Evidence Report 52, UK Commission for Employment and Skills.

The Care Act (2014) London: HMSO.

UK Homecare Association (UKHCA) (2012a), *Care Is Not a Commodity*, Commissioning Survey, London: UKHCA.

UK Homecare Association (UKHCA) (2012b), *An Overview of the UK Domiciliary Care Sector*, London: UKHCA

UNISON (2012), *Time to Care*, A UNISON report into homecare, London: UNISON.

Whittaker, A (2012) *Research skills for social work* (2nd). London: Sage.

Appendix 1: Health and Social Care Perceptions Questionnaire

Are you		Which age group are you in?	
Male	<input type="checkbox"/>	24 and under	<input type="checkbox"/>
Female	<input type="checkbox"/>	45 to 54 years	<input type="checkbox"/>
		25 to 34 years	<input type="checkbox"/>
		55 to 64 years	<input type="checkbox"/>
		35 to 44 years	<input type="checkbox"/>
		65 years or over	<input type="checkbox"/>

Have you, or a close family member/friend/partner, previously worked in the Health and Social Care Sector? (e.g. Social worker, carer etc.)

Yes, I currently work in the sector ☐

Yes, I have previously worked in the sector ☐

Yes, a close family member/friend/partner ☐

No ☐

If yes, please specify the role undertaken below

The following questions are designed to look at your current view of the health and social care sector. There are no right or wrong answers, please answer the questions below as honestly as possible.

Would you consider working in the Health and Social Care sector?

(please tick one box on the scale below, where 1 indicates you would not like to work in the sector and 10 indicating that you would like to work in the sector)

No, I would not like to work in the sector Unsure / don't know Yes, I would like to work in the sector

1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please can you tell us a little more about why you gave the above response? Such as why or why not you would like to work in the Health and Social Care Sector

Do you feel well informed about employment opportunities in the Health and Social Care Sector?

Yes, I am well informed about the sector ☐

To some degree, I know a little but would like to know more ☐

No, I would like to know more about the sector ☐

No, I feel I know all I need/want to know ☐

Where have you received information about employment in the Health and Social Care Sector (please tick all that apply)

Media (Newspapers / Television / Radio / News websites / Social media) ☐

Education (School/ College/ University) ☐

Jobcentre Plus / JCP Advisors ☐

Employers / Recruitment agency ☐

Internet (Employment searches, Personal Research) ☐

Personal Experience or Interest ☐

Other (please specify below) ☐

What have been the main themes of the information you have received about employment in the health and social care sector from the above sources? Please write in the box below

Roles within the sector

This section will look at employment within the Health and Social Care Sector, again there are no right or wrong answers so please answer all questions as honestly as possible.

Which of the following roles within the sector would you consider undertaking: (please tick all that apply)

Care Worker	<input type="checkbox"/>	Social Worker	<input type="checkbox"/>
Nursery Nurse	<input type="checkbox"/>	Clinical Support Worker	<input type="checkbox"/>
Occupational Therapist	<input type="checkbox"/>	Therapy Assistant	<input type="checkbox"/>
Registered Manager	<input type="checkbox"/>	None of the above	<input type="checkbox"/>
Registered Nurse	<input type="checkbox"/>	Not sure	<input type="checkbox"/>
Health Care Assistant	<input type="checkbox"/>	Other	<input type="checkbox"/>
Other	<input type="text"/>		

If you were to undertake one of the roles above, which roles would you most like to undertake? Please write in your top three preferred roles, with 1 being the role you would most like to undertake.

1.
2.
3.

Do you consider the following as a positive or negative influence when considering employment within the Health and Social Care sector?

	Strongly Positive influence	Positive influence	Neither Positive or negative	Negative influence	Strongly Negative influence
Helping/supporting other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rates of pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Media Coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocational Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible work hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Career Path with progression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working in a team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transferable skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Value in Society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal experience or interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you or a close family member/friend/partner ever undertaken an informal caring role for another person? (This may include regularly visiting a relative, supporting them in achieving tasks such as shopping or housework, acting as an advocate or ensuring health or social needs are met or supported.)

Yes, I have	<input type="checkbox"/>
Yes, a close family member/friend/partner	<input type="checkbox"/>
No	<input type="checkbox"/>
Don't know / unsure	<input type="checkbox"/>

Contact details

The National Centre for Post-Qualifying Social Work and Professional Practice

Bournemouth University
4th Floor, Royal London House
Christchurch Road
Bournemouth
Dorset
BH1 3LT UK

Copyright © NCPOSW @ Bournemouth University

All rights reserved. This publication may be reproduced or utilised in whole or in part, provided that the original is acknowledged and referenced appropriately.